

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TEAM GRAHAM, INC.

A. Full Name (Last, First, Middle Initial)
LAFLEUR, JUDY, , ,

Mailing Address 4051 ROARING FORK DR

City
LOVELAND

State
CO

Zip Code
80538-4848

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 21 2019

Transaction ID : A77EEB968CD744586B4E

Amount of Each Receipt this Period

500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
STENNES, RICHARD, , ,

Mailing Address 2533 CALLE DEL ORO

City
LA JOLLA

State
CA

Zip Code
92037

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOC EMERGENCY PHYSICIANS MED GRF

Occupation
MD

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 17 2019

Transaction ID : A7B764B1F131749C69A7

Amount of Each Receipt this Period

250.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
REID, SAMUEL, , DR.,

Mailing Address 551 PEACH SHED RD

City
CHESNEE

State
SC

Zip Code
29323-8780

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPARTANBURG REGIONAL HEALTHCARE S

Occupation
PHYSICIAN

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 23 2019

Transaction ID : A567A201FE72F48A6921

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1000.00